

QUALITY ASSURANCE PLAN– SSC CUSTOMER COMPLAINT FORM

SERVICE or STANDARD:

Work Order # _____ Construction Project # _____ Other _____

SURVEY PERIOD:

(January-March)___(April-June)___(July-September)___(October-December) and year _____

DATE/TIME COMPLAINT RECEIVED: _____ AM / PM

PERSON FILING COMPLAINT: _____ (NAME)

_____ (DEPARTMENT)

_____ (PHONE NUMBER)

_____ (EMAIL ADDRESS)

NATURE OF COMPLAINT:

RESULTS OF COMPLAINT INVESTIGATION:

DATE/TIME SERVICE PROVIDER INFORMED OF COMPLAINT: _____ AM / PM

CORRECTIVE ACTION TAKEN BY SERVICE PROVIDER:

RECEIVED AND VALIDATED BY: _____

PREPARED BY: _____ **DATE:** _____

PLEASE EMAIL FORM TO: *spena@wtamu.edu*